

**CONSENT TO RELEASE OF INFORMATION**

**Pulmonary Associates of Iowa City and the John Paul II Medical Research Institute  
540 E Jefferson Street, Suite 202  
Iowa City, IA 52245  
Phone: 319-887-2873 Fax: 319-887-2870**

**\*Pulmonary Associates of Iowa City has been subcontracted by the John Paul II Medical Research Institute to assist with clinical research**

**Patient's Legal Name \_\_\_\_\_ Birth Date \_\_\_\_\_**

**By signing this document, I am authorizing:**

\_\_\_\_\_  
**(Facility/Provider name, address)  
to release medical information to Pulmonary Associates of Iowa City (address above).**

**Check the information to be disclosed (including dates if known):**

- Medication/allergy list and/or immunization record**
- Problem list**
- History and Physical \_\_\_\_\_**
- Discharge Summary \_\_\_\_\_**
- Laboratory Results \_\_\_\_\_**
- Radiology Reports \_\_\_\_\_ Radiology Films \_\_\_\_\_**
- Test Results (EKG, PFT, etc.) \_\_\_\_\_**
- Other (Specify) \_\_\_\_\_**

**Please check the reason for the release:**

- Continuing Care**       **Personal file**       **Legal**
- 2<sup>nd</sup> opinion**       **Transferring care**       **Other**

**This authorization is voluntary. If I choose to cancel this consent at a later date, I must send written notification to Pulmonary Associates of Iowa City (address above.) If this consent is cancelled, I understand that information may have been released prior to the cancellation, and that action would not be considered a breach of confidentiality. Once information is disclosed, it may no longer be protected by federal privacy regulations.**

**This information may include:**

- Substance abuse**       **Mental Health**       **HIV related information**

**This agreement will expire one year from the date of signature or as indicated \_\_\_\_\_ (specify date) unless cancelled by patient/guardian.**

**Patient signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Patient's complete mailing address: \_\_\_\_\_**

**Relationship, if not the patient: \_\_\_\_\_**